

34A

BATCH 32

OMB#: 2050-0024 Expires 12-31-88

IAD000819110  
SQUARE D CO  
JENSEN, JAMES ENV COORDINATOR  
3700 6TH ST SW  
CEDAR RAPIDS IA 52404



FORM  
IC

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

IDENTIFICATION AND  
CERTIFICATION

WHO MUST COMPLETE THIS FORM?

Form IC must be completed by every site that received this package.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 8 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Complete Sections I through IV and Sections VI through IX immediately. Complete Section V, certification, after you have finished the full report package.

SEC. I.

Site name and physical location which may differ from the mailing address. Complete items A through G.

Mark ☒ for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

A. Site/company name  
Same as label ☒

B. EPA ID No.  
Same as label ☒

C. Address number and street name of physical location - if not known, enter industrial park, building name or other physical location description  
Same as label ☒

D. City, town, village, etc.  
Same as label ☒

E. County  
Linn

F. State  
Same as label ☒

G. Zip Code  
Same as label ☐

or →

or →

5 2 4 0 4 - 3 0 6 9

SEC. II.

Mailing address of site.

Mark ☒ for A, B, C, and D if same as label; if different, enter corrections.

A. Number and street name of mailing address  
Same as label ☐

or → 3700 Sixth Stree SW P.O. Box 3069

B. City, town, village, etc.  
Same as label ☒

C. State  
Same as label ☒

D. Zip Code  
Same as label ☐

or →

or →

5 2 4 0 4 - 3 0 6 9

SEC. III.

Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name  
Jensen

First name  
James

M.I.  
C

B. Title  
Environmental  
Coordinator

C. Telephone

3 1 9 3 6 5 - 4 6 3 1

Extension

SEC. IV.

Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Generation, Shipment and Management Report Codebook.

A. 3 6 1 3

B.

C.

D.

E.

F.

SEC. V.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last name  
Sines

First name  
Barbara

M.I.  
J.

Title  
Plant Manager

B. Signature

*B. Sines*

Date of signature

05 27 88  
Mo. Day Yr.



R00352685

RCRA RECORDS CENTER

Page 1 of 17

SEC.  
VI.

Does this site's EPA ID authorize hazardous waste generation?

- ☐ NO — SKIP TO SECTION VII.
- ☒ YES — Did this site generate any hazardous waste during 1987?
- ☒ YES — READ DETAILED INSTRUCTION ON PAGE 9 OF THE 1987 HAZARDOUS WASTE GENERATION AND SHIPMENT REPORT INSTRUCTIONS BOOKLET FOR ACUTE AND ACCUMULATION LIMITS. MARK ☒ NEXT TO THE HAZARDOUS WASTE GENERATION QUANTITY CATEGORY THAT APPLIED TO THIS SITE DURING 1987.
- ☒ Category 1: More than 1000 kg (2,200 lb) in one or more months
- ☐ Category 2: More than 100 kg (220 lb) but no more than 1000 kg (2,200 lb) in any single month
- ☐ Category 3: No more than 100 kg (220 lb) in any single month
- ☐ Mark ☒ if this site changed from Category 1 to Category 2 or 3 due to waste minimization activity conducted during 1986 or 1987.
- ☐ NO — CONTINUE BELOW, MARK ☒ NEXT TO ALL THAT APPLY.
- ☐ Generated, excluded or delisted wastes
- ☐ Generated hazardous waste prior to 1987 but do not expect to generate in the future - MARK ☒ FOR REASON IN ONE BOX BELOW
- ☐ Waste was from one-time event(s) (e.g. spills, remedial actions, etc.)
- ☐ Waste minimization activity undertaken during 1986 or 1987
- ☐ Out of business
- ☐ Generated hazardous waste prior to 1987 and expect to generate in the future
- ☐ Never generated before but expect to generate in the future
- ☐ Never generated and do not expect to generate in the future - MARK ☒ FOR REASON IN ONE BOX BELOW
- ☐ Protective notifier only
- ☐ Misunderstood the requirements
- ☐ Notified to secure transportation services
- ☐ Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS

SEC.  
VII.

Does this site have RCRA Interim Status or a RCRA permit to treat, store, or dispose hazardous waste?

- ☒ NO — SKIP TO SECTION VIII
- ☐ YES — Did the site treat, store, or dispose (T/S/D) hazardous waste in RCRA-regulated units during 1987?
- ☐ YES — SKIP TO SECTION VIII
- ☐ NO — CONTINUE BELOW, MARK ☒ NEXT TO ALL THAT APPLY
- ☐ T/S/D excluded waste during 1987
- ☐ T/S/D hazardous waste in exempt units during 1987
- ☐ T/S/D hazardous waste prior to 1987 but did not T/S/D waste during 1987. MARK ☒ IN ONE BOX BELOW
- ☐ T/S/D will resume in the future
- ☐ Have notified of planned closure
- ☐ Site is in closure or post closure
- ☐ Never T/S/D hazardous waste prior to 1987 but: MARK ☒ IN ONE BOX BELOW
- ☐ Expect to T/S/D hazardous waste in the future
- ☐ Do not expect to T/S/D hazardous waste in the future - EXPLAIN REASON FOR INTERIM STATUS OR PERMIT IN COMMENTS

SEC.  
VIII.

Do you wish to withdraw this site's generator notification or EPA Part A permit application?

Withdraw generator notification ☐ Yes ☒ No

Withdraw Part A permit application ☐ Yes ☒ No

SEC.  
IX.

Does this site have an area not requiring a RCRA Part A or Part B permit that is used exclusively for the short term accumulation of hazardous waste?

- ☐ NO
- ☒ YES — DOES THE AREA HAVE:
- Containers ☐ No ☒ Yes
- Tanks ☒ No ☐ Yes
- ENTER THE NUMBER OF TANKS AND THEIR TOTAL CAPACITY IN GALLONS.
- ☐ Yes —  Number  Gallon capacity

Comments:

IAD000819110  
SQUARE D CO  
JENSEN, JAMES ENV COORDINATOR  
3700 6TH ST SW  
CEDAR RAPIDS

IA 52404



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

FORM

OI

OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Form OI must be completed by every site that shipped hazardous waste off site and every site that received hazardous waste from off site during 1987.

Mark ☒ if you are not required to complete Form OI.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 23 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Complete A through E for each off-site installation to which you shipped waste or from which you received waste during 1987.

Complete A through D for every transporter you used during the reporting year.

Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Make and complete additional copies of this form if you need to identify more than four off-site installations or transporters.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 I A T 2 0 0 0 1 0 5 9 3	B. Name of off-site installation or transporter Page 23 Hydrite Chemical Company
C. Site type code Page 24 F	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 Street 2815 W.C.F. & N. Drive City Waterloo State IA Zip Code 5 0 7 0 3
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 A R D 0 6 9 7 4 8 1 9 2	B. Name of off-site installation or transporter Page 23 ENSCO, Inc.
C. Site type code Page 24 K	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 Street 47th and Smith Avenue City El Dorado State AZ Zip Code 7 1 7 3 0
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23	B. Name of off-site installation or transporter Page 23
C. Site type code Page 24	D. Site relationship code Page 24	E. Address of off-site installation Page 24 Street City State Zip Code
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23	B. Name of off-site installation or transporter Page 23
C. Site type code Page 24	D. Site relationship code Page 24	E. Address of off-site installation Page 24 Street City State Zip Code

Comments:

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PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

OFF-SITE IDENTIFICATION

FORM

OI

WHO MUST COMPLETE THIS FORM?

Form OI must be completed by every site that shipped hazardous waste off site and every site that received hazardous waste from off site during 1987.

Mark ☒ if you are not required to complete Form OI.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 23 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Complete A through E for each off-site installation to which you shipped waste or from which you received waste during 1987.

Complete A through D for every transporter you used during the reporting year.

Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Make and complete additional copies of this form if you need to identify more than four off-site installations or transporters.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 I A D 0 9 8 0 2 7 5 9 2	B. Name of off-site installation or transporter Page 23 Safety Kleen Corporation
C. Site type code Page 24 K	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 3035 West 73rd Street Street Davenport City State I A Zip Code 5 2 8 0 6 -
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 I L D 0 0 9 8 4 8 1 9 3	B. Name of off-site installation or transporter Page 23 Peoria Disposal Company
C. Site type code Page 24 T	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 N/A Street City State Zip Code -
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 I L D 0 0 0 8 0 5 8 1 2	B. Name of off-site installation or transporter Page 23 Peoria Disposal Company Landfill
C. Site type code Page 24 F	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 4349 Southport Road Street Peoria City State I L Zip Code 6 1 6 1 5 -
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23 W I D 0 0 6 4 3 5 8 8 7	B. Name of off-site installation or transporter Page 23 Hydrite Chemical Company
C. Site type code Page 24 T	D. Site relationship code Page 24 D	E. Address of off-site installation Page 24 N/A Street City State Zip Code -

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME Square D Company  
3700 Sixth Street SW  
Cedar Rapids, Iowa 52404

EPA ID NO. I, A, D, 0, 0, 0, 8, 1, 9, 1, 1, 0

James Jensen, Environmental Coordinator



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1987 Hazardous Waste Generation  
and Shipment Report

**FORM  
WM**

**WASTE MINIMIZATION**

**PART I**

**WHO MUST COMPLETE THIS FORM?**

Form WM Part I, describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annual/Biennial Report. This requirement was established in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).

NOTE: Generators shipping hazardous waste off site are required to certify, on Item 16 of the Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must also be made by generators who have obtained a RCRA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.

**INSTRUCTIONS:**

Please read the detailed instructions on page 25 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

**1. Did this site create or expand a source reduction and recycling program?**

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Create	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Expand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?**

	1987	1986	Prior Years
Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.**

	1987	1986	Prior Years
Capital expenditures	\$ <u>0</u>	\$ <u>0</u>	\$ <u>229,000</u>
Operating costs	\$ <u>150,000</u>	\$ <u>134,000</u>	\$ <u>1,300,000</u>

**4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?**

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incentives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Did this site conduct a source reduction and/or recycling opportunity assessment or audit? Note: an opportunity assessment or audit is a procedure that identifies practices that can be implemented to reduce the generation of hazardous waste or the quantity which must subsequently be treated, stored or disposed.

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Site-Wide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Process-Specific	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Did this site identify or implement new SOURCE REDUCTION opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Implement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. What factors have delayed or prevented implementation of SOURCE REDUCTION opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☒ b. Lack of technical information on source reduction techniques, applicable to my specific production processes.
- ☐ c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☒ d. Concern that product quality may decline as a result of source reduction.
- ☐ e. Technical limitations of the production processes.
- ☐ f. Permitting burdens.
- ☒ g. Other (SPECIFY) Manpower to install and operate new practices.

8. Did this site identify or implement new RECYCLING opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site or subsequently treated, stored, or disposed of on site or off site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Implement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EPA ID NO. I A D 0 0 0 8 1 9 1 1 0

9. What factors have delayed or prevented implementation of on-site or off-site RECYCLING opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☒ b. Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☐ c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☒ d. Concern that product quality may decline as a result of recycling.
- ☐ e. Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ f. Financial liability provisions inhibit shipments off site for recycling.
- ☐ g. Technical limitations of product processes inhibit shipments off site for recycling.
- ☐ h. Technical limitations of production processes inhibit on-site recycling.
- ☐ i. Permitting burdens inhibit recycling.
- ☒ j. Lack of permitted off-site recycling facilities.
- ☒ k. Unable to identify a market for recyclable materials.
- ☐ l. Other (SPECIFY) \_\_\_\_\_

10. Has this site requested or received technical information or financial assistance on source reduction and/or recycling practices from any of the following sources? MARK ☒ NEXT TO ALL THAT APPLY.

	1987		1986		Prior Years	
	Technical	Financial	Technical	Financial	Technical	Financial
a. Local government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. State government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Federal government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Trade associations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Educational institutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Suppliers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Other parts of your firm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Other firms/consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No request made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (conferences, literature, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME Square D Company

3700 Sixth Street SW  
Cedar Rapids, Iowa 52404

EPA ID NO.

I A D 0 0 0 8 1 9 1 1 0

James Jensen, Environmental Coordinator



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

FORM  
WM

WASTE MINIMIZATION

PART II

WHO MUST COMPLETE THIS FORM?

Form WM Part II must be completed only by generators that engaged in an activity during 1987 that resulted in waste minimization.

Waste minimization means:

- (1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,
- (2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.

☐

Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 26 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste minimized in 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. EPA hazardous waste code Instruction Page 27 F 0 0 6	B. State hazardous waste code Page 27 N A	C. Product or service description Page 27 This waste is produced from the treatment of rinse waters from our plating operations. The parts plated are used in the assembling of molded case circuit breakers.	D. Product or service SIC code Page 27 3 6 1 3
E. Waste form code Page 27 N 2 1	F. UOM Page 28 P	G. Density Page 28 lbs/gal sg	H. Source description: Page 28 Metal Hydroxide sludge produced from the treatment of rinse waters from plating.	I. Source code Page 28 1 0

Sec. II	A. 1986 quantity generated Instruction Page 29 5 1 3 8 5	B. 1987 quantity generated Page 29 4 7 8 6 7	C. Production ratio Page 29 1 0 1	D. Toxicity change code Page 31 2
E. Waste minimization: recycling Page 31 Code 1. 0 2.	Quantity recycled 0	F. Waste minimization: source reduction Page 32 Code 1. 2 2. 3.	Quantity prevented 4 0 3 2	

Sec. III	A. Narrative description of waste minimization project or activity and results achieved Instruction Page 39 We purchased an evaporator recycling unit for our nickel plating line in 1985. Due to having to redo cooling systems and the plating line, the unit did not become operational until 1987. This is a closed loop system that takes our nickel rinse water and makes a concentrate that goes back to the plating bath and clean water that goes back to the rinse.
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Sec.  
IV.**Instructions:** Answer questions 1 through 4. Mark ☒ next to the effects produced by the source reduction and/or recycling activity reported on this form in Sections I through III.

1. What effect did this site's source reduction and/or recycling activity have on the **quantity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of water effluent
- ☒ b. Decrease in the quantity of water effluent
- ☐ c. No effect on the quantity of water effluent
- ☐ d. Don't know
2. What effect did this site's source reduction and/or recycling activity have on the **toxicity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☒ b. Decrease in the concentration of hazardous constituents
- ☐ c. No effect on the concentration of hazardous constituents
- ☐ d. Don't know
3. What effect did this site's source reduction and/or recycling activity have on the **quantity of air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of air emissions
- ☐ b. Decrease in the quantity of air emissions
- ☒ c. No effect on the quantity of air emissions
- ☐ d. Don't know
4. What effect did this site's source reduction and/or recycling activity have on the **toxicity of the air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☐ b. Decrease in the concentration of hazardous constituents
- ☒ c. No effect on the concentration of hazardous constituents
- ☐ d. Don't know

Comments: Due to changes in our manufacturing techniques and a change to Just-In-Time concepts, our plating and waste treatment operations were required to function in full capacity for two shifts for most of 1987. In 1986, these operations ran only on one shift. We treated twice as much water in 1987 as we did in 1986 and, therefore did not get the sludge reduction we had hoped for.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME Square D Company  
3700 Sixth Street SW  
Cedar Rapids, Iowa 52404

EPA ID NO. I A D 0 0 0 8 1 9 1 1 0



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PROTECTION AGENCY

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WASTE MINIMIZATION

PART II

WHO MUST COMPLETE THIS FORM?

Form WM Part II must be completed only by generators that engaged in an activity during 1987 that resulted in waste minimization.

Waste minimization means:

- (1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,
- (2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.

☐

Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 26 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste minimized in 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. EPA hazardous waste code Instruction Page 27 F 0 0 3 D 0 0 1 N A N A	B. State hazardous waste code Page 27 N A	C. Product or service description Page 27 Cleaning operation for the painting equipment used to paint items that go into the assembled Molded Case Circuit Breakers.	D. Product or service SIC code Page 27 3 6 1 3
E. Waste form code Page 27 H 5 2	F. UOM Page 28 G	G. Density Page 28 7 3 8 lbs/gal sg	H. Source description: Page 28 Plant equipment cleaning operation	I. Source code Page 28 1 0

Sec. II	A. 1986 quantity generated Instruction Page 29 1 2 1 5	B. 1987 quantity generated Page 29 2 2 0	C. Production ratio Page 29 1 0 1	D. Toxicity change code Page 31 0
E. Waste minimization: recycling Page 31 Code 1. 5 2. Quantity recycled 2 2 0	F. Waste minimization: source reduction Page 32 Code 1. 0 2. 3. Quantity prevented 1 0 0 7			

Sec. III	A. Narrative description of waste minimization project or activity and results achieved Instruction Page 39 We changed the molding compound we used from a phonolic to a polyester. The polyester material has better dielectric and, therefore we did not have to paint the arc chamber with an insulating paint. We have reduced the number of spray booths from two to one.
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Sec.  
IV.**Instructions:** Answer questions 1 through 4. Mark ☒ next to the effects produced by the source reduction and/or recycling activity reported on this form in Sections I through III.

1. What effect did this site's source reduction and/or recycling activity have on the **quantity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of water effluent
- ☐ b. Decrease in the quantity of water effluent
- ☒ c. No effect on the quantity of water effluent
- ☐ d. Don't know
2. What effect did this site's source reduction and/or recycling activity have on the **toxicity of water effluent** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☐ b. Decrease in the concentration of hazardous constituents
- ☒ c. No effect on the concentration of hazardous constituents
- ☐ d. Don't know
3. What effect did this site's source reduction and/or recycling activity have on the **quantity of air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the quantity of air emissions
- ☒ b. Decrease in the quantity of air emissions
- ☐ c. No effect on the quantity of air emissions
- ☐ d. Don't know
4. What effect did this site's source reduction and/or recycling activity have on the **toxicity of the air emissions** produced by hazardous waste generation processes during 1987?
- ☐ a. Increase in the concentration of hazardous constituents
- ☒ b. Decrease in the concentration of hazardous constituents
- ☐ c. No effect on the concentration of hazardous constituents
- ☐ d. Don't know

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

IA0000819110  
SQUARE D CO  
JENSEN, JAMES ENV COORDINATOR  
3700 5TH ST SW  
CEDAR RAPIDS IA 52404



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

FORM  
GS

WASTE GENERATION AND  
SHIPMENT

WHO MUST COMPLETE THIS FORM?

Form GS must be completed by every site that generated hazardous waste on site or shipped hazardous waste off site during 1987.

☐

Mark ☒ if you are not required to complete Form GS.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 12 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

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Sec. I	A. Waste description Instruction Page 12 Large capacitors that contained PCB's, We replaced all capacitors in our substaion that contained PCB's.		
B. EPA hazardous waste code Page 12 P C B NA NA NA		C. State hazardous waste code Page 13 NA NA NA	
D. SIC code Page 13 3613	E. Source code Page 13 21	F. Waste form code Page 13 H71	G. Waste minimization results Page 13 B

Sec. II	A. Organics Instruction Page 14 High A Low Test Note N	B. Water Page 15 High Low Note D	C. Total Solids Page 15 High Low Note D	D. Suspended Solids Page 15 High Low Note D	E. BTU Page 16 High Low UOM Note D	F. Toxic Metals Page 16 Metal High Low Test 1. 2. 3. 4. 5. 6.
G. pH Page 18 High Low Note D	H. Flashpoint Page 18 High Low Note D	I. Cyanides Page 19 High Low Test Note G	J. Halogens Page 20 High Low Note D	K. Radioactive Page 20 Yes No Note N		

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 0	B. 1987 quantity hazardous waste generated Page 20 650	C. UOM Page 21 P	D. Density Page 21 NA lbs/gal sg
E. Quantity hazardous waste on site on January 1, 1987 Page 21 10		F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 0		

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 ARID069748192	B. Number of shipments Page 22 1	C. Transport mode Page 22 H	D. Off-site T/S/D/R code Page 22 M50 M72	E. Total quantity shipped Page 22 650
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Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12 Waste Petroleum Naphtha, spent cleaning solvent from the Cad Cam operation.				
B. EPA hazardous waste code Page 12 D 0 0 1 NA NA NA			C. State hazardous waste code Page 13 NA NA NA		
D. SIC code Page 13 3 6 1 3		E. Source code Page 13 1 0		F. Waste form code Page 13 H 8 2	
G. Waste minimization results Page 13 B					
Sec. II	A. Organics Instruction Page 14 High A Low Test Note N	B. Water Page 15 High Low Test Note D	C. Total Solids Page 15 High Low Test Note D	D. Suspended Solids Page 15 High Low Test Note D	E. BTU Page 16 High Low UOM Note D
F. Toxic Metals Page 16 Metal High Low Test 1. 2. 3. 4. 5. 6.		G. pH Page 18 High Low Note D			
H. Flashpoint Page 18 High 109 °F Low Note		I. Cyanides Page 19 High Low Test Note G		J. Halogens Page 20 High Low Note N	
K. Radioactive Page 20 Yes No Note N					
Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 0		B. 1987 quantity hazardous waste generated Page 20 5 5		C. UOM Page 21 G
D. Density Page 21 6 3 0 X lbs/gal		E. Quantity hazardous waste on site on January 1, 1987 Page 21 0			
F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 0					
Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 I A T 2 0 0 0 1 0 5 9 3		B. Number of shipments Page 22 1	C. Transport mode Page 22 H	D. Off-site T/S/D/R code Page 22 M 1 0 NA
E. Total quantity shipped Page 22 5 5					

Comments: The Waterloo facility is a storage facility - they remanifest the waste to Cottage Grove, WI. for fuel blending.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

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Make and complete a photocopy of this form for each hazardous waste generated on site or shipped off site during 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12 1,1,1 Trichloroethane ORM-A, spent solvent from our vapor degreaser.			
B. EPA hazardous waste code Page 12 F 0 0 1 F 0 0 2 N A N A		C. State hazardous waste code Page 13 N A N A N A		
D. SIC code Page 13 3 6 1 3	E. Source code Page 13 1 0	F. Waste form code Page 13 H 6 1	G. Waste minimization results Page 13 B	

Sec. II	A. Organics Instruction Page 14 High C Low Test A Note	B. Water Page 15 High Low Note D	C. Total Solids Page 15 High Low Note D	D. Suspended Solids Page 15 High Low Note D	E. BTU Page 16 High Low UOM Note D	F. Toxic Metals Page 16 Note A Metal High Low Test 1. 2. 3. 4. 5. 6.
G. pH Page 18 High Low Note A	H. Flashpoint Page 18 High °F Low °F Note G	I. Cyanides Page 19 High Low Test Note G	J. Halogens Page 20 High Low Note D	K. Radioactive Page 20 Yes No Note N		

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 5 3 0	B. 1987 quantity hazardous waste generated Page 20 1 6 5	C. UOM Page 21 G	D. Density Page 21 1 1 . 0 0 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
E. Quantity hazardous waste on site on January 1, 1987 Page 21 0		F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 0		

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 I A T 2 0 0 0 1 0 5 9 3	B. Number of shipments Page 22 1	C. Transport mode Page 22 H	D. Off-site T/S/D/R code Page 22 M 1 0 N A	E. Total quantity shipped Page 22 1 6 5
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Comments: Vapor degreaser was shutdown for repair in 1987. This caused the reduction in waste generated and not waste minimization practices. The Waterloo facility is a storage facility. They remanifest to Cottage Grove, WI. for organic recovery.

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Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12 Waste Xylene, spent solvent from paint cleaning operation			
B. EPA hazardous waste code Page 12 F 0 0 3 D 0 0 1 N A N A		C. State hazardous waste code Page 13 N A N A N A		
D. SIC code Page 13 3 6 1 3	E. Source code Page 13 1 0	F. Waste form code Page 13 H 5 2	G. Waste minimization results Page 13 A	

Sec. II	A. Organics Instruction Page 14 High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <input checked="" type="checkbox"/> N	B. Water Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	C. Total Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	D. Suspended Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	E. BTU Page 16 High <input type="checkbox"/> Low <input type="checkbox"/> UOM <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	F. Toxic Metals Page 16 Note <input checked="" type="checkbox"/> A Metal High Low Test 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. pH Page 18 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	H. Flashpoint Page 18 High <input type="checkbox"/> 80 °F Low <input type="checkbox"/> Note <input type="checkbox"/>	I. Cyanides Page 19 High <input type="checkbox"/> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <input checked="" type="checkbox"/> G	J. Halogens Page 20 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/> N	K. Radioactive Page 20 Yes <input type="checkbox"/> No <input type="checkbox"/> Note <input checked="" type="checkbox"/> N		

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 1 2 1 5	B. 1987 quantity hazardous waste generated Page 20 2 2 0	C. UOM Page 21 G	D. Density Page 21 7 . 3 8 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
E. Quantity hazardous waste on site on January 1, 1987 Page 21 0		F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 0		

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 I A T 2 0 0 0 1 0 5 9 3	B. Number of shipments Page 22 1	C. Transport mode Page 22 H	D. Off-site T/S/D/R code Page 22 M 1 0 N A	E. Total quantity shipped Page 22 1 2 2 0
---------	--	--	-----------------------------------	--	---

Comments: The Waterloo facility is a storage facility, they remanifest the waste to Cottage Grove, WI. for fuel blending.

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Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12	Waste Petroleum Naphtha, spent solvent for part cleaning system in the plant.			
B. EPA hazardous waste code Page 12		C. State hazardous waste code Page 13			
D 0 0 1 N A N A N A		N A N A N A			
D. SIC code Page 13		E. Source code Page 13	F. Waste form code Page 13	G. Waste minimization results Page 13	
3 6 1 3		1 0	H 8 2	B	

Sec. II	A. Organics Instruction Page 14	B. Water Page 15	C. Total Solids Page 15	D. Suspended Solids Page 15	E. BTU Page 16	F. Toxic Metals Page 16
High <input checked="" type="checkbox"/> A	High <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Note <input checked="" type="checkbox"/> A
Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Metal High Low Test
Test <input type="checkbox"/> Note <input checked="" type="checkbox"/> N	Note <input checked="" type="checkbox"/> D	Note <input checked="" type="checkbox"/> D	Note <input checked="" type="checkbox"/> D	Note <input checked="" type="checkbox"/> D	UOM <input type="checkbox"/> Note <input checked="" type="checkbox"/> D	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. pH Page 18	H. Flashpoint Page 18	I. Cyanides Page 19	J. Halogens Page 20	K. Radioactive Page 20		2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High <input type="checkbox"/>	High <input type="checkbox"/> 1 0 9 °F	High <input type="checkbox"/>	High <input type="checkbox"/>	Yes <input type="checkbox"/>		3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	No <input type="checkbox"/>		4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Note <input checked="" type="checkbox"/> D	Note <input type="checkbox"/>	Test <input type="checkbox"/> Note <input checked="" type="checkbox"/> G	Note <input checked="" type="checkbox"/> N	Note <input checked="" type="checkbox"/> N		5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20	B. 1987 quantity hazardous waste generated Page 20	C. UOM Page 21	D. Density Page 21
	8 1 1 5	7 6 4 5	P	N A
E. Quantity hazardous waste on site on January 1, 1987 Page 21		F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21		
5 5 5		5 5 5		

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22	B. Number of shipments Page 22	C. Transport mode Page 22	D. Off-site T/S/D/R code Page 22	E. Total quantity shipped Page 22
	I A D 0 9 8 0 2 7 5 9 2	1 4	H	M 1 0 N A	7 6 4 5

Comments: The Davenport facility store the waste solvent and they remanifest it to the Elgin, IL. plant for organic recovery.



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Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12  Metal Hydroxide ORM-E from our plating waste treatment operation.		
B. EPA hazardous waste code Page 12 F 0 0 6 N A N A N A		C. State hazardous waste code Page 13 N A N A N A	
D. SIC code Page 13 3 6 1 3	E. Source code Page 13 1 0	F. Waste form code Page 13 N 2 1	G. Waste minimization results Page 13 A

Sec. II	A. Organics Instruction Page 14 High <input type="checkbox"/> Low <input checked="" type="checkbox"/> Test <input type="checkbox"/> Note <input checked="" type="checkbox"/>	B. Water Page 15 High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Note <input type="checkbox"/>	C. Total Solids Page 15 High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Note <input type="checkbox"/>	D. Suspended Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/>	E. BTU Page 16 High <input type="checkbox"/> Low <input type="checkbox"/> UOM <input type="checkbox"/> Note <input checked="" type="checkbox"/>	F. Toxic Metals Page 16 Note <input checked="" type="checkbox"/> <table border="1"><thead><tr><th>Metal</th><th>High</th><th>Low</th><th>Test</th></tr></thead><tbody><tr><td>1. N I</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>2. C U</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>3. T C</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>4. P B</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>5. B A</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>6. C D</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></tbody></table>	Metal	High	Low	Test	1. N I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. C U	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. T C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. P B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. B A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. C D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Metal	High	Low	Test																															
1. N I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
2. C U	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
3. T C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
4. P B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
5. B A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
6. C D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															
G. pH Page 18 High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/>	H. Flashpoint Page 18 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/>	I. Cyanides Page 19 High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Test <input checked="" type="checkbox"/> Note <input type="checkbox"/>	J. Halogens Page 20 High <input type="checkbox"/> Low <input type="checkbox"/> Note <input checked="" type="checkbox"/>	K. Radioactive Page 20 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note <input checked="" type="checkbox"/>																														

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 5 1 3 8 5	B. 1987 quantity hazardous waste generated Page 20 4 7 8 6 7	C. UOM Page 21 P	D. Density Page 21 N A . <input type="checkbox"/> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
E. Quantity hazardous waste on site on January 1, 1987 Page 21 5 6 1 2		F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 8 8 9 8		

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 I L D 0 0 0 8 0 5 8 1 2	B. Number of shipments Page 22 4	C. Transport mode Page 22 H	D. Off-site T/S/D/R code Page 22 M 7 2 N A	E. Total quantity shipped Page 22 4 4 5 8 1
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Comments: 1986 plating/waste treatment ran only one shift. In 1987 process changes in the plant caused plating/waste treatment to operate two shifts.

# SQUARE D COMPANY

ELECTRICAL AND ADVANCED TECHNOLOGY PRODUCTS

CIRCUIT BREAKER DIVISION

319-365-4631



3700 SIXTH STREET, S.W.  
P.O. BOX 3069

CEDAR RAPIDS, IOWA 52406-3069

May 27, 1988

U.S. EPA Region VII  
RCRA Branch/Iowa Section Biennial Report  
726 Minnesota Avenue  
Kansas City, Kansas 66101

To Whom It May Concern:

Enclosed is the completed 1987 Hazardous Waste Generation and Shipment Report for Square D Company, Cedar Rapids, Iowa, EPA ID Number IAD000819110.

If you have any questions or need more information, please contact Jim Jensen at 319-365-4631.

Sincerely,

James C. Jensen  
Environmental Coordinator

ne  
0018.MF

RECEIVED  
MAY 31 1988  
IOWA SECTION